

**RT-10-X Amended Telecommunications Infrastructure
Maintenance Fees Return**

REV 1

E S ____/____/____

NS DP CA

Do not write above this line.

Step 1: Identify your business

Station no. 060

1 Illinois Business Tax number (IBT no.): _____

2 Certificate of registration no.: **T I** - _____

3 Name: _____

4 Address: _____
Number and street

City _____ State _____ ZIP _____

5 Check the appropriate box and complete the information to indicate the fee period for which you are filing this return:

☐ **Month** of _____☐ **Quarter** ending _____6 ☐ Check here if your address has changed.7 Is this a final return? ☐ yes ☐ no**"Final"** indicates you will no longer conduct business. If**"yes,"** complete the following information:☐ I **sold** my business on _____.☐ I **discontinued** business on _____.**Step 2: Figure your telecommunications infrastructure maintenance fees (TIMFs) due***Figures as they should have been filed***Net gross charges subject to the State TIMF:**8 Gross charges (defined in instructions) billed during this liability period. **8** _____9 Amount you received during this liability period on credit previously extended. **9** _____10 **Add Lines 8 and 9.** This amount is your total gross charges. **10** _____

11 Deductions:

a Gross charges billed to the federal government **11a** _____b Gross charges billed for wireless telecommunications **11b** _____c Fee-free sales billed to resellers **11c** _____d Other. Explain: _____ **11d** _____12 **Add Lines 11a through 11d.** This amount is your total deduction. **12** _____13 **Subtract Line 12 from Line 10.** This amount is your net gross charges subject to the State TIMF. **13** _____14 **Multiply Line 13 by 0.5% (.005).** This is your State TIMF due. **14** _____15 If you file this return and pay the amount due by the due date, multiply Line 14 by 2% (.02). **15** _____16 **Subtract Line 15 from Line 14.** **16** _____17 Credit you wish to apply. **17** _____18 **Subtract Line 17 from Line 16.** This is your net fee due. **18** _____19 Total amount you have paid for this reporting period. **19** _____20 If Line 19 is greater than Line 18, **subtract Line 18 from Line 19.** This is the amount you have overpaid. **20** _____21 If Line 19 is less than Line 18, **subtract Line 19 from Line 18.** This is the amount you have underpaid. **21** _____

Pay this amount. Make your check payable to "Illinois Department of Revenue."

Step 3: Check the reason you are filing this amended return☐ I received a Notice of Possible Overpayment or made a computation error that resulted in an overpayment of fee.• If you checked this box, did you collect the overpaid fee from your customer? ☐ yes ☐ no• If you checked **"yes,"** did you unconditionally refund the overpaid fee? ☐ yes ☐ no☐ I made a computation error that resulted in underpayment of fee.☐ I made an error on a schedule or attachment.☐ I should have taken a deduction for _____☐ The original IBT no. was incorrect. The incorrect IBT no. is _____.☐ The original reporting period was incorrect. The incorrect reporting period is _____.☐ Other. Please explain. _____**Step 4: Sign below**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ Telephone number (include area code) _____ Date _____

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ Telephone number (include area code) _____ Date _____